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A Psychological Interpretation of Cultural Norms and Exchange

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I. Introduction

Caregiving to the elderly is a form of dyadic social interaction and is therefore subject to the same process of theoretical analysis as other types of dyadic interactions. Furthermore, the nature of such a caregiving relationship can be coincidental with an existing normal relationship. For example, if the care is rendered by a professional health provider, the primacy of the relationship would be focused on its functional specificity and affective neutrality. On the other hand, if the care is given by a member of the primary family of the elderly, the relationship will likely be marked by affective mutuality as in the case of spousal care, or by lineal affection as in the case of an adult child being the caregiver. The relationship may be mixed and largely contingent upon idiosyncratic interpersonal chemistry if relatives, neighbors, and paid helpers provide the primary care functions. In such non-primary relationships, even if the caregiving may be functionally specific, there exist a range of caring relationships that transcend specific functional assistance. Furthermore, the onset of a state of impairment invariably alters an elderly person's spousal or filial relations. The development of familial role relationships evolve around the passage of time throughout an individual's life and family life cycle.

In spite of the complexity of such dynamic relationships in the caregiving system, the literature shows that dominant research paradigm has places elderly care in the framework of a simple, unqualified social exchange theory. The primary goal of this paper to critique research approach based on the social exchange theory. First, we wish to discuss how the exchange theory lies at the heart of the debate between the proponents and opponents of having family members as the primary care providers for
elderly. We wish to review the basic assumptions that social exchange theory holds about caregiving relationships. Second, we suggest that focusing on the perceptions and expectations between the elderly person and his/her caretaker may instead be a more valuable approach to understanding the caregiving relationship. Here we submit that an example of the perception-expectation approach is reflected in the "secondary baby talk" between caregiver and the elderly. Third, we wish to discuss how such an approach may provide insight into a range of culturally variant behaviors for family members who are caring for elderly.

II. The Debate

To begin, our first task is to clarify the range of a finite number of social ties in the caregiving dyad in order to limit the range of observable behaviors that are modified by the disabling and/or dependent condition of an elderly person. This range of social ties includes children taking care of their parents, spousal assistance, other relatives such as in-laws, siblings, and relatives beyond these close kindred, neighbors, and friends. In addition, there are the paid or professional caregivers who have no prior relationship with the elderly.

Within the possible range of an elderly person's social ties, the literature points out overwhelming evidence that care for the elderly by adult children and spouses is universal (Shanas, 1968). Furthermore, in the field of family studies, there is the established explanation for the universality of family care of its members including the young, the elderly, and the infirmed. In an age when there is considerable debate in every developed society on whose responsibility it is to provide major care for the fastest growing portion of the population, the elderly, one might ask what significance such
universal family caregiving might have on social policy decisions. On the one hand, proponents of family care policy argue that the prima facie evidence of the necessity to use the family as the locus of elderly care is already demonstrated by the very absence of exceptions. On the other hand, opponents of the family care policy argue that there has not been sufficient time to confirm that this is a universal tendency because the aging of the population as a world-wide phenomenon did not begin until only recently. Prior to the 1960s, the transfer of elderly care from the family to community facilities was not necessary even in most developed countries. This argument implicitly suggests that the change of elderly care from family to the community is expected to take hold after community facilities become widely available. The change in sentiment about such a transfer may be delayed as the Cultural Lag theory suggests (Ogburn, 1922; Ogburn and Nimkoff, 1955).

The most convincing argument brought forth by opponents of family care policy comes from two areas of research. The first pertains to survey research that indicates that in a number of developed countries, the elderly themselves prefer not to be cared for by their adult children, if possible, because of the extra burden they may inflict on their children (Blieszen & Mancini, 1987; Ingersoll-Dayton & Antonucci, 1988; and Kendig, 1996). The second area of research questions if family care is actually about the life choices made by unmarried, middle-aged women who must care for their elderly mothers (Brody, 1981, 1984, & 1986; Cantor, 1984; Fortinsky and Hathaway, 1990; Stone et al., 1987), and who are frequently required to alter their life situations, including career plans and life styles, in order to discharge their filial duties. In other words, this research questions if family care would inflict unwanted burden on adult children caregivers and if such burden of care is often heavily loaded on daughters rather than on sons.
The two arguments actually are parallel. Both focus on the problem that elderly parents themselves would not wish to burden their adult children if other means of care can be found. The rationale for this line of argument lies in the assumption that: (1) the norm of reciprocity in a dyadic relationship requires that there is a balance of benefits; (2) the elderly cannot reciprocate favors given to them in a dependent relationship; and therefore (3) the elderly would rather receive care from a paid third party. The idea of not preferring care by one's adult children, however, seems incomprehensible in the context of intergenerational caregiving role reversal. That is, the child who was cared for by his/her parents in turn takes care of his/her parents when they age and need care. The obstacles of family care of the elderly have often been discussed, including the financial burden of the middle generation which must bear on the cost of elderly care and care of their own children. The underlying rationale for framing the problem as an obstacle seems to center around the fact that prolonged care for one's elderly parents requires personal sacrifice that is not consistent with values of individualism and with the desire to pursue personal happiness and goals. All in all, this line of argument against relying on adult children for care is embodied in Social Exchange Theory.

III. Social Exchange Theory

Social exchange theories (Blau, 1964; Burgess & Huston, 1979; Emmerson, 1990; Kelley & Thibaut, 1978) have been employed widely as a theoretical framework to guide research on family care for the elderly (e.g., Walker & Allen, 1991; Shi, 1993; Brackbill & Kitch, 1991). The social exchange perspective assumes that people keep track, though not literally, of the costs and benefits involved in a relationship. Although people may not explicitly or consciously calculate costs and benefits, they may be aware
of them in the long term. In general, people strive to maximize benefits and minimize costs in relationships with others (Thibaut & Kelley, 1959).

When applying the social exchange framework to caregiving to the elderly, the focus has been on the costs that are incurred by the caregiver. Significant costs to adult child caregivers include emotional costs, such as feelings of being burdened and frustration (e.g., Abel, 1986; Archbold, 1983); financial costs (e.g., Archbold, 1983); and costs due to changes caregivers have had to make in their lives (e.g., Archbold, 1983; Montgometry, Gonyea, & Hooyman, 1985). There are, however, a few exceptions, who reported no such care burden (Matthews, 1985; Shi, 1993; and Stueve, 1982). However, researchers paid little attention to the potential rewards to caregivers provided by the elderly except a sense of appreciation by the elderly for their assistance. On this issue, Walker and Allen criticized the seemingly unbalanced views by saying that "such a restricted perspective exaggerates the strain of caregiving and understates the contributions that elderly family members make in their relationships with their children..." (Walker & Allen 1991:389). A major flaw of the social exchange theory, we believe, is that the exchange theorists postulate that the cost to benefit ratio is the unqualified key factor in determining the satisfaction outcome of a relationship. If the costs paid by a caregiver far exceed the benefits he or she receives, the caregiver would probably experience dissatisfaction and emotional distress (see Ingersoll-Dayton and Antonucci, 1988). Most fundamentally, the social exchange theory fails to distinguish

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1 There is a general misconception that the elderly, being economically inactive, can provide relatively in return for being cared for by their younger family members. Empirical evidence suggests that such an assumption has no factual foundation. In fact, a recent published account in Japan suggested that, like in the People's Republic of China, the opposite is true, namely, the older generation commands more material resources than younger members of the family.
between affective and instrumental aspects of social relationships, and thus ignores the communal nature of the primary group in family caregiving.

Based on research reports thus far available to us, we wish to point out that the social exchange model in the case of an elderly care relationship is flawed in two aspects. First, we contend that these models often focus on cost and benefit calculations and neglect the fact that in communal relationships, among which are close-kin relationships, motivation to meet the needs of the other partner exceeds the desire to weigh cost against benefit.

Second, we consider culture when social exchange theory does not. The same dyad can have quite dissimilar attributes in different societies. For example, the father-son relationship is different in the Chinese society than it is in the Anglo-American society. In China, the father-son relationship is based on the principle of unchanged dependency throughout the life cycle. In contrast, in the Anglo-American society, the emphasis is on independency in this dyad. When the son reaches adult status, both father and son share an equal status. Furthermore, we argue that the more equal the perceived status is between the dyad, the greater the expectation for the norm of reciprocity to be applied to the relationship. The relationship between friends is normally considered to be on equal terms with respect to social status. It is then not surprising that the norm of reciprocity is invariably applied to the relationship between friends. However, the relationship between an adult and a child is not based on equal status. The adult is viewed as being more capable of doing things and of commanding more social resources. It is then expected that not all what an adult does for the child can be equally repaid by the child until the latter is able to command the resources equivalent to his or her parent's resources.
A. Reciprocity of Dependency and Caring

Earlier writers on the theoretical importance of reciprocity in social relations can be attributed to, Gouldner in Sociology (1960), and Walster in Psychology (Walster, Walster, & Berscheld, 1978). More specifically, the reciprocity of help has been investigated in recent years by Fisher & Nadler (1976), DePaulo & Fisher (1980), Greenberg & Shapiro (1971), Keith & Schafer (1985), Kessler, McLeod & Wethington (1985), Rook (1987), and Wentowski (1981) to mention a few. In a capsule, these authors argued that people feel obligated to help someone whom they have received help from. However, it should be noted that this important theoretical work has been done almost exclusively in friendship patterns and network of social support studies. In these studies, the relationship is assumed to be equal, non-obligatory, and even transitory. Friendship ties last when the relationship is mutually beneficial. It ceases when one partner of the dyad feels he/she is being exploited and taken for granted. In contrast, kinship relations can best be described as a network of responsibilities and obligations; and the gradations of kin-obligations are culturally determined. Thus, extrapolating from helping patterns found among peers to those among kin may overlook differences in role obligations. The claim that elderly would not wish to ask for help from their children because of their inability to reciprocate is perhaps in need of further clarification with the context of cultural norms.

B. Culture, Communal Cohesion and Exchange Theory

The second issue we raise concerns the norm of reciprocity among unequals. Caregivers' concern for the needs and welfare of the care receivers may be especially characteristic of intergenerational caregiving in most Asian cultures where lineal
relations are considered to take precedence over collateral relations as in the Anglo American cultures. Kluckholm and Strodbeck (1960) showed that in all cultures there exist a few basic value orientations. Briefly stated, people in different cultures are differentially oriented towards the past, present, or future. In the realm of relational values, people in one culture may endorse lineality according to which decisions are handed down from elders to young members of the group, while other people may choose to make decisions by majority preference (democracy), or by total consensus (collatorality). In cultures where linearity is the priority, obedience to parents continues to hold even when the son or daughter is an adult as it is emphasized in the virtue of filial piety under Confucianism. Age, then, in this case, as a variable, has no particular bearing on relation, which is a constant. Anthropologist Hsu (1971), though approaching the issue from a quite different perspective, made a similar conclusion. Specifically, Hsu argued that in any society, there is one dyad that dominates seven other dyadic relations in the primary family. In China and Japan (and presumably in all Confucian societies) the dominant dyad is the father-son relationship (Hsu, 1971: chapter1). The characteristics of the dominant dyad tend to shadow other dyadic relations. It is the father-son dyad that emphasizes asexuality, authority, continuation, and inclusiveness in relationship. In contrast, American families are dominated by the husband-wife dyad. The husband-wife relationship is characterized by sexuality, volition, discontinuation, and exclusiveness in relationship. Based on Hsu's analysis, it would be logical for the adult male child to take care of an aging father in the Chinese society; and it is equally natural for spouses to care for one another in the United States. These anthropological postulates support our contention that cultural values can greatly

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2 There are altogether 8 dyadic relationship in the primary (nuclear) family: husband-wife, father-son, mother-son, father-daughter, mother-daughter, sister-sister, sister-brother, brother-brother.
alter the specific manner according to which one takes care of one's parent at any age.

In as much as filial piety is deemed a core familial norm, caring for one's parents in times of need is considered only one aspect of filial relations. This view contrasts sharply and fundamentally the notion of equity exchange in caring for the elderly as espoused by the social exchange theory.

In addition to specific areas of cultural value orientation, the primary and secondary relations may also be used to contrast two possible meaning of elderly care. On the one hand, primary relations are characterized by mutual identification of purpose and history among members with strong emotional ties. Secondary relations, on the other hand, can best be explained by the purposful interaction based on exchange of interest and benefits. Though caregiving to the elderly consists mainly of a set of functionally specific and repetitive chores which can be performed by anyone, the specific quality of care may reflect either the primary relations of affection or be colored by secondary relations of instrumental exchange. Elderly care, much like care of infants, is affectively insufficient if rendered characteristically as a secondary relationship, a point that was lucidly presented by Litwak (1984). Similar distinctions have been proposed by psychologists when attributes of an exchange relationship is described. Clark and Mills (1979), as Psychologists, distinguish between exchange and communal relationships in exchange encounters. They argue that, although exchange processes operate in both types of relationships, the rules governing the giving and receiving of benefits differ significantly. Exchange relationships occur most often with strangers or casual acquaintances in business transactions and professional-client relations. To the extent that the family caring relationship is best described as a caregiving relationship within the context of the family, the attributes of the dyad relationship are expected to vary.
In societies where inter-generational dependency throughout the course of life is valued, younger kin would often volunteer their services as an affective gesture and an act of filial piety, even if the elderly is entirely capable of doing such chores without help, a situation we called *socially desired dependency* or SDD. SDD tends to increase cohesion and provide mutual satisfaction and interdependency. Viewed from this perspective, we submit that *differential expectations shaped by cultural norms might be the key to the dynamics of the caregiving relationship*.

III. An Alternative Approach: The Role of Expectations

Based on the paradigm of lineality of relationships between the caregivers and the elderly, we have argued that equality of exchange is neither required for a satisfactory caregiving, nor necessary to produce caregiving. Consequently, costs and benefits should not be useful constructs in understanding the caregiving relationship. What are the alternative constructs? In searching for an alternative model from the viewpoint of a dynamic caregiving relationship, it is best to take into consideration the ongoing transactions of mutual expectations and perceptions between the elderly and the caregiver over time. A search of the literature has uncovered studies that describe linguistic interchange as representing the symbolic interaction of caregiving.

A. Secondary Baby Talk as a Transaction of Caregiving Relationship

Sociolinguists have shown that people define the caring relationship frequently through their displays of verbal expressions and the use of language and signs. That is to say, the verbal discourse in the caregiving dyad may serve as a window through which the meaning of caregiving can be examined.
One common speech pattern observed is that the caregivers simplify their speech when talking to the elderly. Ashburn and Gordon (1981) reported that, in comparison to speech pattern with peers, utterances to the elderly tended to be shorter, less completed and containing more imperatives, interrogatives and repetitions, an indication that caregivers often associated physical impairment with the loss of cognitive comprehension. Similarly, Caporeal and her associates (Caporeal, 1981; Caporeal, Lukaszewski, & Culbertson, 1983) showed that caregivers and adult speakers modified their speech when they talked to the elderly. More importantly, they found a sizable proportion of utterances addressed to institutionalized elderly have the prosodic features of high and variable pitch. Both the morphemes and paralinguistic features of the modified speech were found to be similar to the speech directed to young children (Ashburn & Gordon, 1981; Caporeal, 1981). Caporeal and her associates used the term "secondary baby talk" to describe such speech pattern (Caporeal, et al., 1983).

The use of secondary baby talk is reported to be most frequent when the caregivers think that the elderly are mentally inept. Specifically, Caporeal et al. (1983) found a significant association between the caregiver's expectations of impairment and the likelihood of using secondary baby talk when speaking to the elderly. Caregivers with low expectations of the elderly's functioning were more likely to believe that baby talk would increase communicative efficiency and that the "baby-talk" would also be preferred by the elderly relative. Yet, secondary baby talk is not used exclusively with mentally impaired elderly. It is also widely used to address institutionalized elderly, regardless of their mental state. This evidence suggests that secondary baby talk may indicate something more than the perception of communicative difficulties with cognitively impaired elderly (Tamir, 1979). It is also likely that by using secondary baby
talk the caregiver attempted to restructure the status relations and to reduce the level of the elderly to that of a small child, similar to nurses in the hospital ward addressing to a patient in need of help.

Ashburn and Gordon (1981) proposed to show the type of structured relationship by comparing speech patterns of paid caregiving staff at a rest home and volunteers who visited the elderly frequently. They found that staff-caregivers displayed a speech pattern that is similar to baby talk when communicating with the elderly, but the volunteers did not. They concluded that the differential use of language reflected the different roles of the two groups of individuals. Only the caregivers who took the role as persons in charge of other persons professionally would employ the secondary baby talk speech pattern. Ashburn and Gordon went further to point out that the differences between the speech of the staff member group and volunteer group suggest that, in addition to the speaker's and addressee's attributes, the function of the interchange combine with the relationship of the speaker and addressee may account for the speech modifications made by the speaker. We interpret these findings as an indication that the caregiving relationship is a modified adult relationship in which an equal status protocol has been made unequal in order to change the care receiver's status to that of a helpless child.

How would the elderly respond to the secondary baby talk? Research has shown mixed responses. Some elderly perceived the secondary baby talk as demonstration of affection and nurturance, yet others felt that this type of speech accommodation was unnecessary, if not insulting. Henwood and Giles (1985, as reported in Ryan, Giles, Bartolucci, & Henwood, 1986) interviewed 33 elderly women (aged 65-94 years) who lived alone in England while using Home Care Assistance. They found that secondary
baby talk was used quite frequently when the Home Care Assistants talked to the elderly women. More than one half of the elderly women responded favorably, feeling that the secondary baby talk signaled affection, warmth, nurturance and liking. Yet about 40% claimed that they had been the recipients of what they felt to be demeaning talk. The same authors reported in a separate and larger sample of upper working class elderly people who did not require Home Help Assistance, more than 50% felt that baby-talks was demeaning.

One clear indication of whether an elderly person would respond positively to secondary baby talk depends on the elderly's mental functioning level. Specifically, Caporeal, et al. (1983) found that elderly people who were functioning at a lower level and who needed a significant amount of attention in their day-to-day living responded positively to secondary baby talk. Perhaps, the use of secondary baby talk was perceived by the elderly as communicating reassurance and nurturance. For elderly at a higher level of functioning, the normal patterns of speech were more likely to be preferred. To these elderly, secondary baby talk could mean that they were perceived as being in need of personal care that was beneath their functional status. More generally, it appears that "whether baby talk communicates pejorative or nurturant affect is in the ear of the target and not just any listener." (Caporeal et al., 1983:752)

Caregivers with lower expectations for the elderly also tended to view secondary baby talk more positively than do those with higher expectations. Taken together, these findings suggest that the dynamics of the caring relationship could be an interaction of the caregiver's and the care-receivers' perceptions and exceptions.

B. Social Consequences of Secondary Baby Talk
The significance of the perception-expectation approach with respect to the caregiving relationship lies in the social consequences that the expectations may render. Take secondary baby talk as an illustration. The employment of secondary baby talk may communicate to the elderly that they are not competent in understanding sophisticated speech. This recurrent experience of demeaning speech in face-to-face interaction may then lead to a belief that old age is a time of dependence and sharply declining abilities. To the extent that these beliefs about old age are used to form the bases of self-definitions, elderly people may behave in ways that fulfills the expectations of the caregivers (Robin and Langer, 1980, McPherson, 1983). As such, the low expectations originally formed by the caregivers could be communicated to the elderly through interactions, which in turn affect the elderly's self-concepts. Inasmuch as the elderly's self-concepts affect his/her behavior, the caregiver's low expectations can easily be self-fulfilling (see Snyder, 1981).

In the language accommodation research, communication breakdown is predicted to occur when the elderly rejects the low expectations that the caregivers communicate to them through secondary baby talk. This again suggests that the elderly are motivated to maintain autonomy and independence. Being talked to in a way that implies dependence is detrimental to the elderly's self-esteem. The lowered self-esteem would then lead to withdrawal and helplessness. Indeed, Brackbill and Kitch (1991) reported one of the major dilemmas American elderly faced is that, on the one hand, they wanted to be cared for by their children. On the other hand, they were afraid that this would be perceived as being dependent, which is not socially desirable.

A contrasting picture, however, is revealed in Chinese culture. Liu and his associates (see Liu, Yu, Gong, and Kean, 1997, this volume) interviewed caregivers and
elderly in Shanghai and Hong Kong. Findings from both studies consistently revealed that elderly expected that their adult children would take care of them if they needed to be cared for, such as when they were ill. More importantly, elderly parents reported that they would feel proud if they had offspring who would take care of them. In contrast to the elderly in Anglo-American societies, the elderly in Chinese culture would gain social approval and social status through being dependent on their adult offspring. As a result, the elderly in Chinese culture in general are willing, and even eager to become dependent on their offspring. Data collected in Shanghai and Hong Kong did not suggest that Chinese elderly face the same dilemma that their American counterparts face. They do not need to strike a balance between obtaining assistance and care when needed on the one hand, and avoiding being viewed as loosing their autonomy on the other hand.

C. Cultural Variant Expectations

Filial responsibility originates from Confucianism, which prescribed conducts in basic familial relationships. Accordingly, filial piety clearly spelled out the proper way that sons and daughters should relate to their parents, a relational norm which is not subjected to negotiation. On the contrary, the rationale for the social exchange principle lies in the interpretation of a fair exchange that can only be assessed subjectively. Filial piety is thus not necessarily an act of reciprocity for the care and love offered by the parents. As an ideal norm, it is motivated by genuine care and love for parents (see Lo, 1997, this volume, and Yang, 1988 for discussions of reformulation of filial ethics).

Filial responsibility has created a standard for the younger generations in relating to the elderly. The younger generations are expected to provide the basis for
dependence. Problems arise if the adult children are not able to provide support or assistance for the elderly parents. Because filial responsibility is prescribed by the Chinese culture as a moral obligation, adult children, especially sons, are vulnerable to shame and guilt feelings if they do not carry out their filial duty as expected. Indeed, the guilt ridden behaviors resulting from omission of filial duties have been well reported by Vogel (1962) and DeVos (1973) when they studied mental illness and child-rearing behavior in Japan.

Similarly, elderly parents could feel frustrated and even depressed if they perceived their children to fall short of the filial duty they expect them to fulfill. This could then create tension in intergenerational relations as it is reported by Chou and Hu (1997, this volume) in the tension-ridden relationships between elderly Taiwan women and their daughters-in-law.

IV. Conclusion

In the caregiving literature, we note that a promising, though perhaps theoretically questionable, approach came from the social exchange tradition in which the concept of equity of reciprocal benefits deemed important in such a relationship. We argue that the simple, unqualified social exchange theory is inadequate in explaining the family caregiving relationship. Specifically, we submit that the family caring relationship is a kind of communal relation, in which meeting the needs of the care receivers takes precedence over reducing the costs and maximizing the equity of benefits. Furthermore, we further posit that culture may shape the norms of exchange and provide symbolic meaning of care and its social consequences. As a result, family caregiving relationships have different meanings in different cultures. Despite this, the roles of the perceptions
and expectations of the adult child caregivers and the elderly care recipients are the psychological mechanisms through which the meaning of such a relationship is shared by the caregiving dyad.

In absence of direct testing of our assumptions, we employed results from studies on language accommodation. The use of baby-talk, for example, provides an usable indicator of the care-provider's evaluation of the elderly's declining mental abilities. We assumed that what a caregiver thinks an elderly person is able to manage in his or her daily life, such as the activities stated in the Activities of Daily Living, could set up some behavioral expectations for the elderly. These expectations could differ from the elderly person's own assessment of his/her capabilities. These differential expectations may have significant effects on the caregiving relationship. If the caregivers' expectation of the elderly functioning is lower than the elderly person's own expectation, caregivers may offer assistance that is more than what the elderly person needs. This might not create a feeling of resentment in the elderly person in Chinese culture because assistance from younger generations is often interpreted as an act of affective respect. In contrast, if the elderly's expectation of their own functioning is lower than that of the caregiver's, they may demand assistance such that the caregiver may think is not justified and exploitative. We are led to believe that the mismatch between expectation and reality is the source of frustration and care burden on the part of the caregiver, and may lead to elderly abuse and/or neglect. More direct empirical confirmation of these assumptions is needed.

In summary, the present chapter is an attempt to modified the social exchange theory in ways to explain the family caregiving relationship better. The dynamics
involved in such relationships may be systematically related to the expectations and perceptions within the caregiving dyad.
References


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